

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/576,485
		Filing Date	Apr 21, 2006
		First Named Inventor	WU, Huan-Ping
		Art Unit	1795
		Examiner Name	Kourtney R. Salzman
Total Number of Pages in This Submission		Attorney Docket Number	BYD02_010_US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other: Remarks
Remarks <p>Additional claim fees were previously paid for one additional independent claim in the amount of \$200. As the present response cancels claims 6, 22, 37, and 38, where cancelled claim 37 was independent, a \$200 credit is believed to exist. The present amendment adds 12 new dependent claims, bringing the total claim count for the application to 27, with 3 of these claims being independent. As such, additional claim fees are believed owed for 7 dependent claims (\$364) minus the \$200 credit, for a total of \$164 additional being owed. Thus, \$164 for excess claim fees are being paid through RAM; however, if additional fees are required, please charge deposit account No. 50-4211. /Jonathan M. Blanchard; Reg. No. 48,927/</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Blanchard & Associates		
Signature	/Jonathan M. Blanchard; Reg. No. 48,927/		
Printed name	Jonathan M. Blanchard		
Date	February 1, 2010	Reg. No.	48927

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Signature	/Jonathan M. Blanchard; Reg. No. 48,927/		
Typed or printed name	Jonathan M. Blanchard	Date	February 1, 2010